

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

Western District of New York

CLAYTON L. BROWN

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

YOUSSEF TAHA - DON THOMPSON

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

23 cv 486-JLS

(to be filled in by the Clerk's Office)

JURY TRIAL: Yes ☒ No ☐

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

All other names by which
you have been known:

ID Number

Current Institution

Address

Clayton L. Brown

22067

YATES COUNTY JAIL

227 MAIN ST

PENNYAN

City

NY

State

14527

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (*if known*)

Shield Number

Employer

Address

YOUSSEF TAHA

ATTORNEY AT LAW

N/A

16 W. MAIN ST Suite 243

Rochester

City

NY

State

14614

Zip Code

☒ Individual capacity☒ Official capacity

Defendant No. 2

Name

Job or Title (*if known*)

Shield Number

Employer

Address

DON THOMPSON

Supervising Attorney of Law Firm

N/A

16 W MAIN ST Suite 243

Rochester

City

NY

State

14614

Zip Code

☐ Individual capacity☐ Official capacity

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Defendant No. 3

Name _____

Job or Title (if known) _____

Shield Number _____

Employer _____

Address _____

City _____

State _____

Zip Code _____

☐ Individual capacity ☐ Official capacity

Defendant No. 4

Name _____

Job or Title (if known) _____

Shield Number _____

Employer _____

Address _____

City _____

State _____

Zip Code _____

☐ Individual capacity ☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Right to Effective Assistance of Counsel

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner
☒ Other (explain) I Am waiting to go to prison

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

YATES County & Greese ~~Court~~ Court house

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

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C. What date and approximate time did the events giving rise to your claim(s) occur?

7-2022 - 4-2023

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

on Attached papers (Affidavit)

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

MENTAL Anguish, Pain and Suffering, No medical treatment it WAS ALL MENTAL PLUS loss of Wages and time in Jail

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I Am requesting \$10,000, \$7,500 & \$4,500 (more charges Pending) For the Attorneys I have hired & For the so called work they did plus \$500,000 or \$1,500 Per day For the year I spent in Custody.

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VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

- ☒ Yes
☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

- ☐ Yes
☐ No
☐ Do not know

Not Relevant

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

- ☐ Yes
☐ No
☐ Do not know

If yes, which claim(s)?

I wrote No. So Attorney grievance to No Avail

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes

☒ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

- E. If you did file a grievance:

1. Where did you file the grievance?

2. What did you claim in your grievance?

3. What was the result, if any?

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

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IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

5-30-2023

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

CLAYTON L. BROWN
27067
YATES County Jail- 227 main ST
Pennyslv NY 14527
City State Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address

Print

Save As...

Add Attachment

Reset

23cv 486-JLS

In the United States District Court
For the Western District

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Complaint

Clayton L. Brown
Plaintiff

-VS-

Civil action No. _____

Jury trial Demanded

Yousef TAHA & Don Thompson
Defendants

individual and official capacities

I - Complaint -

Plaintiff CLAYTON L. BROWN, PRO-SE, For their
Complaint states as follows:

- 1) Plaintiff was confined at YATES COUNTY JAIL - 227 MAIN ST - PENNYAN - NY - 14527, in the state of New York, From 6-17-2022 to Now 5-2023, Plaintiff is currently housed At YATES COUNTY JAIL Awaiting transfer to STATE PRISON.
- 2) Plaintiff is and was At all times mentioned herein an Adult Citizen of the United States and A Resident of the state of New York.
- 3) Defendant Yousef TAHA was An Attorney For the plaintiff
- 4) Defendant Don Thompson was At All Relevant times herein the supervising partner of Yousef TAHA while representing plaintiff after he appointed TAHA to Plaintiff's Criminal and administrative cases, three cases in total.
- 5) Defendants Both Failed to assert An affirmative defence

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and Failed to properly represent Plaintiff to the fullest extent of their Ability and lied about the Court proceeding.

- 6) This action arises under and is brought pursuant to 42 U.S.C. Section 1983 to remedy deprivation of Plaintiff's right to effective assistance of counsel and legal malpractice, of the United States Constitution. This Court has jurisdiction over this action pursuant to 28 U.S.C. 1331 and 1343.
- 7) Plaintiff's Claims for injunctive relief are authorized by Rule 65 of the Federal Rules of Civil Procedure.
- 8) This Cause of Action arose in the Western District of New York. Therefore, venue is proper under 28 U.S.C. Section 1391(b).

III - PREVIOUS LAWSUITS -

- 9) Plaintiff has filed no other lawsuits dealing with the same facts involved in this action or otherwise relating to his or her imprisonment.

IV - EXHAUSTION OF ADMINISTRATIVE REMEDIES -

- 10) I have wrote and requested relief from the bar Association and Attorney Grievance Committee to no avail.

V - STATEMENT OF CLAIM -

- 11) At all relevant times herein, defendants were persons for the persons for purpose of 42 U.S.C. Section 1983 and acted under color of law to deprive Plaintiff of his Constitutional rights as set forth more fully below.

VI - Statement of Facts -

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12.) As on About 7-12-2022 Youssef TAHA and Don Thompson were hired by plaintiff's mother Denise Brown to represent plaintiff FOR 3 cases For \$10,000, They told plaintiff if he plead guilty to his parole violation and took an 18 month hold the Felony charges would be dropped, this was not the case but they continued to lie to plaintiff about it for 7-8 months until plaintiff finally saw paperwork/emails from Aug-5th-2022 stating the deal in Criminal Court for the felonies was a 2-4 year sentence not to be dropped to misdemeanors. Exhibits have the text messages from Youssef TAHA to plaintiff's mother plus the emails from TAHA and Yates County D.A. Contradicting the text messages.

B) Don Thompson was made aware of these problems and refused to act even though he was the supervising partner who appended TAHA to plaintiff's case, when asked for a refund there was no response.

C) Youssef also had plaintiff take an illegal sentence in Greene N.Y. of Petty larceny.

VII - Relief -

13.) Plaintiff requests an order declaring that defendants have acted in violation of the United States Constitution.

14.) A Reprimand to Youssef TAHA and Don Thompson, \$10,000 for what I paid the firm for their representation, \$7,500 for what I paid a new lawyer Adam Wilman, \$4500 (plus waiting on further expenses) for what I paid

Page 40FY

An Appeals lawyer, All of These cases and Appeals
 Came with the \$10,000 I paid Yusef but I had
 to hire 2 other ones to try and fix his
 deliberate actions, plus I Am requesting \$1,500
 per day he represented me or \$500,000 for
 mental Anguish and pain and suffering that
 if plaintiff was told honestly About what was
 going on in Court the mental Anguish and pain
 and suffering would never have occurred.

Signed this 30th day of May
 2023

Clayton L. Brown
 Clayton Brown
 5-30-2023

I declare under penalty of perjury that
 the foregoing is true and correct upon belief,
 knowledge and understanding



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GREECE POLICE DEPARTMENT FIELD CASE REPORT

CR #

2022-00032225

NARRATIVE

On 05/27/2022 at approximately 1455 hours, (A) Clayton Brown selected the listed merchandise. (A) passed the final points of sale and exited the store with the merchandise. (A) fled through the parking lot on foot, carrying the merchandise in his hands.

Upon police arrival, an employee told Officer Drayn the male was running towards World Gym in the Greece Ridge Mall parking lot. Officer Drayn and R/O responded to the area and observed (A) running in the parking lot. Both Officer Drayn and R/O gave (A) verbal commands to stop. (A) continued to run. R/O ran after (A) and attempted to grab (A) by the shoulders. (A) attempted to evade R/O and R/O tackled (A). R/O and (A) both went to the ground. Officer Drayn and R/O were able to take (A) into custody without further incident. See R/O's Subject Resistance Report.

A Dick's employee responded and collected the clothing. R/O made contact with (PK) Craig Alexander (ASM) of Dick's Sporting Goods to complete the Petit Larceny Information against (A). According to (PK), Dick's does not prosecute if the merchandise is recovered. As a result, (A) was not charged for Petit Larceny.

Lieutenant Potter and Sergeant Elmore responded to the scene. Officer Tymoch responded for Tech Work, see Officer Tymoch's Tech Report.

(A) was arrested for Obstruction of Governmental Administration 2nd. (A) was processed at Headquarters and issued an Appearance Ticket with a future court date of 06/28/2022 at 1700 hours.

NARRATIVE

REPORTING OFFICER LAST FIRST BACCE

Eichas, Daniel GRE1399

DATE

05/27/2022

REVIEWER LAST FIRST BACCE

Elmore, Andrew

DATE

05/27/2022

State of New York

I Denise Brown swear that the contents of this affidavit signed by me under oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of my knowledge.

On or around June 8, 2022, I called attorney Donald Thompson with Easton Thompson Kasperek Shiffrin, LLP. We spoke on the phone about my son Clayton Brown's parole violation matter. He was interested in representing Clayton and asked his name, birthday and county where incarcerated. I provided all the information and was told he would get in touch after doing some background investigation. Mr. Thompson called back asking for my availability for a conference and that he spoke with the DA and was told if Clayton took an 18-month parole violation hit then he would lower the felony charge to a misdemeanor which would carry a 6-month sentence. I agreed to meet for a conference and on 6/11/22 got a text message from Mr. Taha, an associate of the law firm, stating he would see me @12:30 on 6/12/22.

6/12/22 I retained the law firm and Mr. Taha as counsel. Again, I was told that the DA was willing to drop the criminal charges from a felony to a misdemeanor with an 18-month parole violation plea and new charges to run concurrent to parole.

6/21/22 Clayton Brown pleads to 18-month parole revocation violation in Yates County.

From the beginning of August through the beginning of February there were several text messages between Mr. Taha and I discussing the pending case with no indication that the charges wouldn't be lowered. Assuring me that things were moving in the right direction (A local offer with no more time).

2/15/23 Clayton appears in Yates County court for his criminal charges. He is offered a plea deal of 2-4 years on felony charges to run consecutive to the parole violation of 18 months.

Mr. Taha blatantly lied to Clayton & I for over 7 months.

I printed out the relevant text messages between Mr. Taha and myself and provided them to Clayton Brown for his reference.

Signature Denise Brown

Date 6/1/2023

EXHIBIT B-1

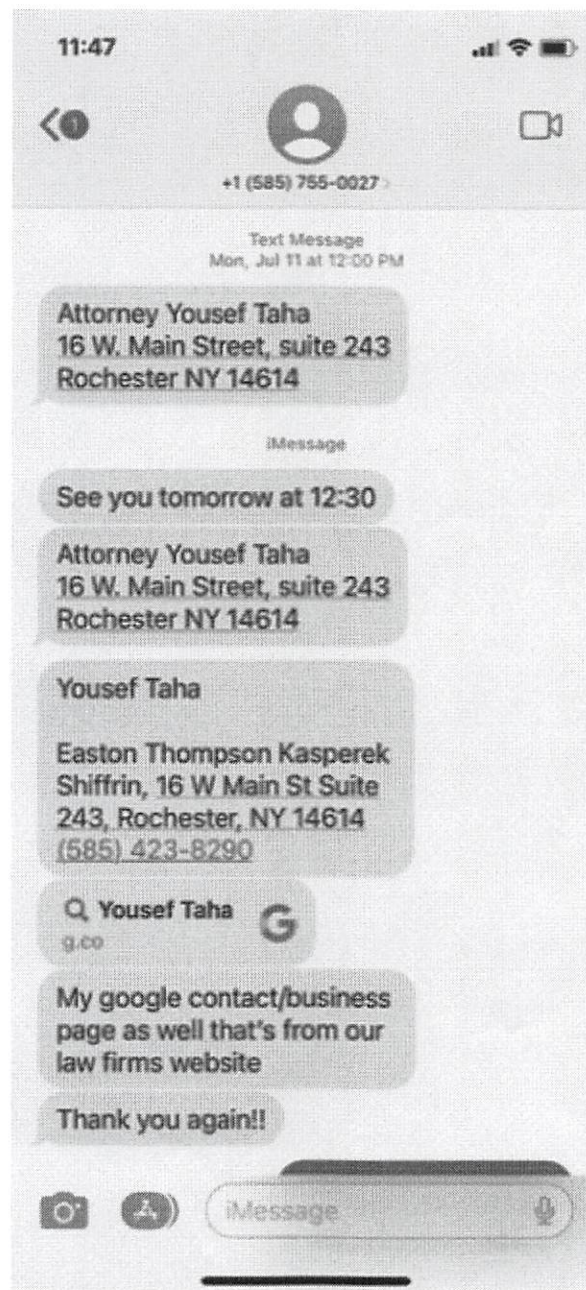
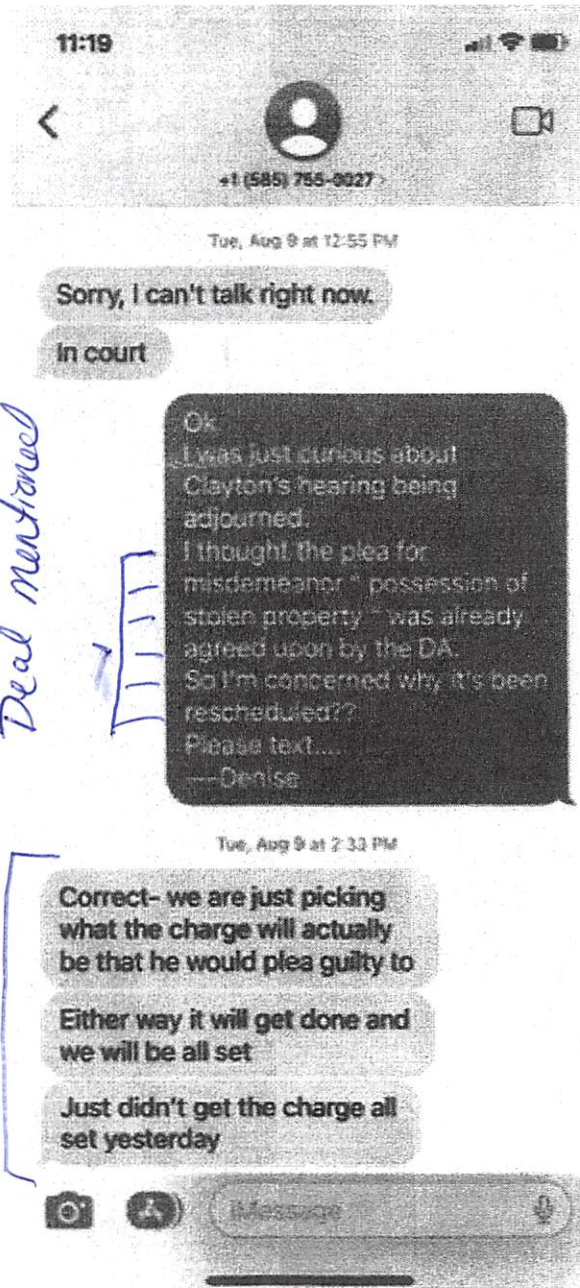
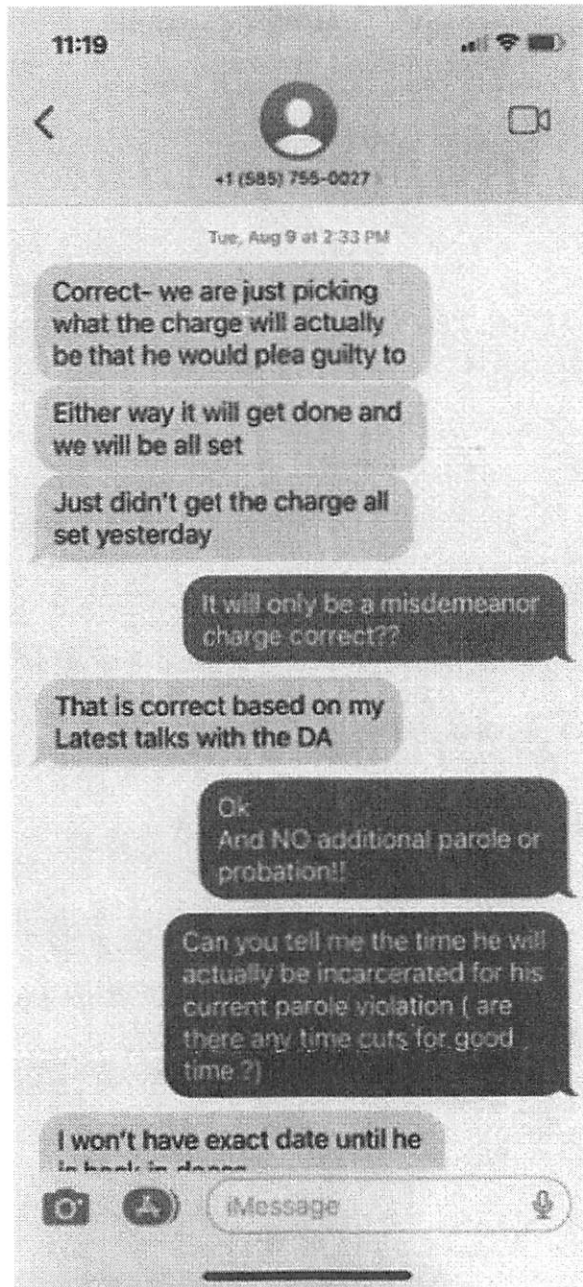


EXHIBIT B-1

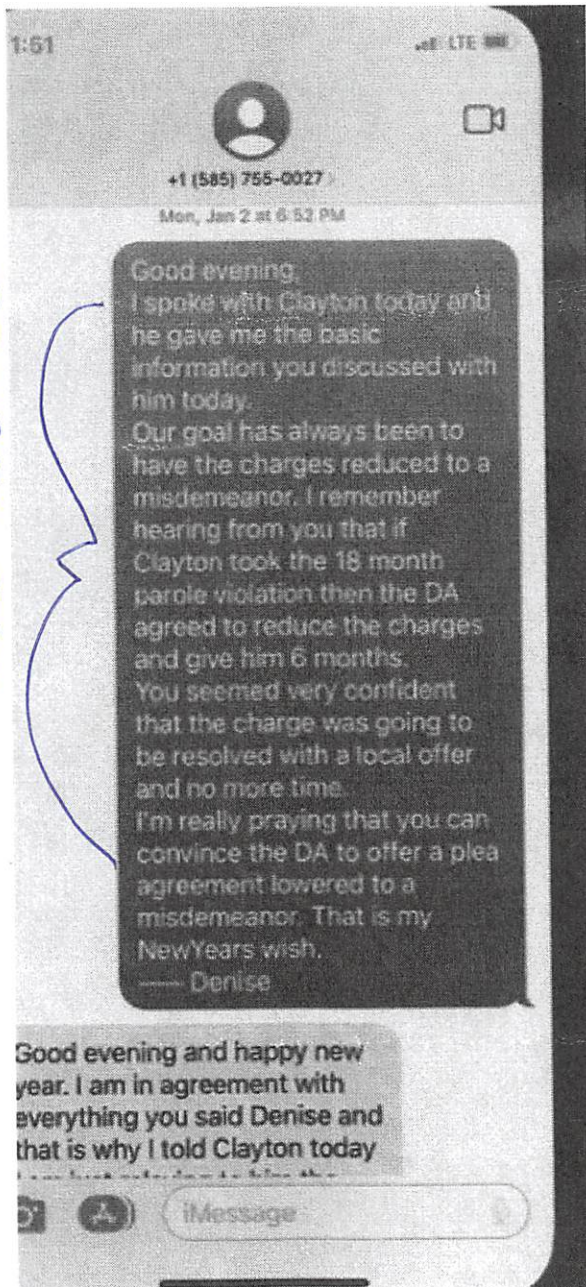


B-1



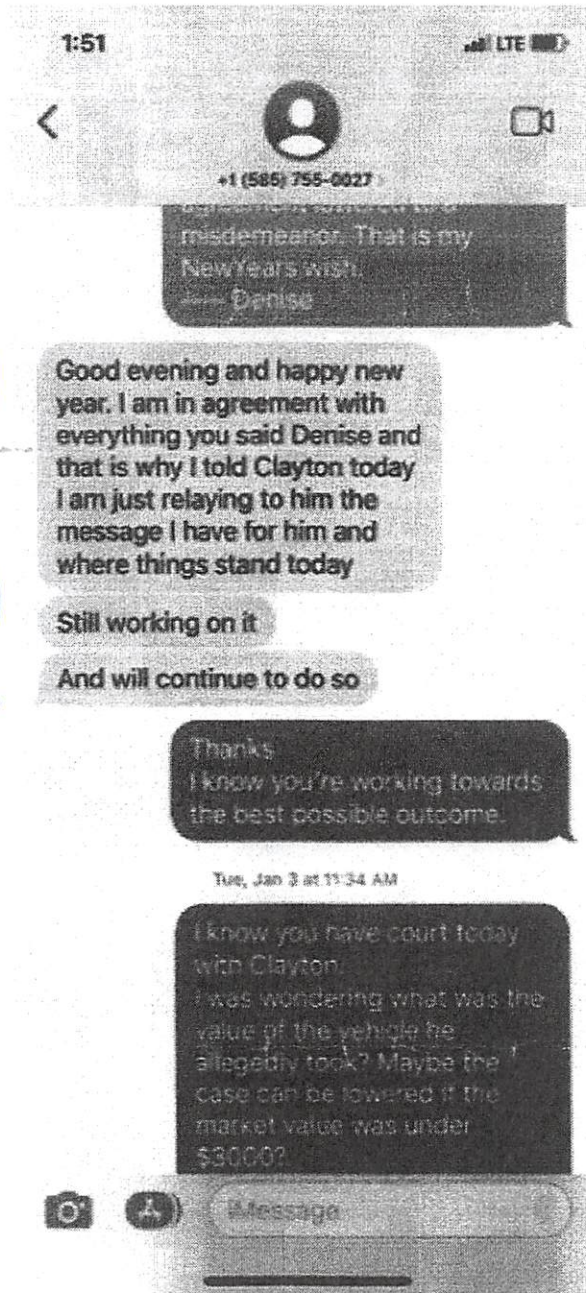
B-1

Dear Defendant



B-1

Deal Done Deal





B-1

Yousef Taha <youtaha1989@gmail.com>

Clayton Brown

4 messages

Mackenzie Stutzman <mstutzman@yatescounty.org>

Fri, Aug 5, 2022 at 12:21 PM

To: Yousef Taha <yntaha@etksdefense.com>

Cc: Alicia Slate <aslate@yatescounty.org>

Attorney Taha,

Mr. Brown's offer of an SCI to Grand Larceny 3rd with a plea to GL 4th in satisfaction and 2-4 years DOCCS remains. There is no restitution and we would not oppose any request for programming if eligible. Wanted to reach out because I see his is back in Court on Monday, I will not be in Village Court, ADA Slate is covering.

Thanks

Mackenzie M. Stutzman

First Assistant District Attorney

Yates County District Attorney's Office

415 Liberty Street, Suite 240

Penn Yan, New York 14527

Tel: (315) 536-5550

Fax: (315) 536-5556

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Yousef Taha <yntaha@etksdefense.com>

Fri, Feb 10, 2023 at 10:31 AM

To: Todd Casella <tcasella@yatescounty.org>

District Attorney Casella-

Thank you again for the chat yesterday regarding my client, Clayton Brown. To confirm, and for my clarification as well as my client's, your office is not amenable to a change in the plea offer, specifically a reduction to an attempted GL 4th or a Petit Larceny? I also would respectfully request for your consideration of keeping the offer, as provided by ADA Stutzman in the email above open and allowable to plea to on our next court date of February 15, 2023 at 9:45 am.

Thank you.

Dead Contract/idea
showing file

ADDITIONAL SUPERVISION		CELL
DATE	8/20/2013	3-B
WING	WING 10 of 10	A DETERMINATION WAS
MADE BY OFFICER		THAT HE BE PLACED ON
<input checked="" type="checkbox"/> CONSTANT SUPERVISION	<input type="checkbox"/> ACTIVE SUPERVISION	
273	Brown placed on Constant	
x	Watch due to consuming	
x	multiple drugs today and	
1	acting in a weird manner at talking	
1	to himself and smiling and not	
1	answering questions correctly	
274	Brown laying on back talking to	
	himself softly, still on watch,	
	stems in cell include suicide	
	snack, suicide blanket, covers,	
	shower shoes	
275	Brown laying on back	
276	Brown laying on back talking to himself	
277	Brown laying on ground told to	
	move from under the bunk, moved	
	legs out but refused to move	

277	himself from under Bunk	641
278	Still underneath bunk talking to	
	himself	650
279	Brown laying underneath Bunk,	
	appears asleep	700
280	Brown laying underneath Bunk,	
	appears asleep	715
281	Brown laying underneath Bunk, appears	
	asleep	730
282	Brown laying underneath Bunk,	
	appears asleep	745
283	Brown laying under Bunk,	
	appears asleep	800
284	Brown laying under Bunk,	
	appears asleep	815
285	Sm 14 on watch/Brown laying	
	Bunk appears asleep	830
286	Tossing & Turning	841
287	Laying under Bunk/appears	
	asleep	855
288	Laying on floor/appears	
	asleep/snores	953
289	Tossing & turning	1017
290	Swivel on Castor wheels of B. Brown	
	appears to sleep while suicide blanket on floor	1120
291	Brown coughing returns sleep	1204
292	Brown appears asleep	130
293	Brown appears asleep	245
294	Sm 25 on watch	300
295	Sm 13 on watch of Brown	
	Brown under bunk in sleeping bag	315
	appears asleep	

296	Brown appears asleep	1	4:00	
297	Brown appears asleep	1	4:15	
298	Brown appears asleep	1	4:30	
299	Brown appears asleep	1	6:30	
300	3m27 on watch. Previous entries reviewed. On floor appears asleep.	1	7:00	
301	Breakfast served	1	7:35	
302	Ate breakfast -	1	7:55	
303	Taken to Backing to talk to public defender then taken to court.	1	8:15	
304	Back in L-33 - Arguing with me over our rules. Said people are stupid. Very uncooperative with all stuff.	1	8:35	
305	on floor appears asleep	1	9:20	
306	Said doesn't feel good. Wants people to shut up but no one is talking	1	11:20	
307	Mumbling to himself	1	11:33	
308	Ate Lunch - all	1	12:05	
309	to Backing for meds	1	12:18	
310	3m24 on watch, Brown secured, laying	1		
X	on floor eating chips	1	11:16	
311	"Just shut up", no one is talking	1	12:28	
312	"stop fucking with my head"	1	12:29	
313	"Just shut up"	1	12:31	
314	eating chips, laying back down, "Just shut up"	1	12:34	
315	Constantly talking to himself, highly agitated	1	12:40	
316	"I don't fucking care, but say that it's evil"	1	12:44	
317	Laying on floor	1	1:00	

318	mumbling to himself	1	1:08	
319	mumbling to himself	1	1:20	
320	"stop saying that, you know it's not fucking true"	1	1:22	
321	On floor	1	1:30	
322	Gave urine sample to CO Mack	1	1:50	
323	3m24 on watch, previous entries reviewed, Brown laying on floor	1	2:00	
324	Drinking water, talking to himself	1	3:14	
325	Laying back down on the floor	1	3:18	
326	mumbling to himself	1	3:20	
327	Laying on the floor	1	3:25	
328	Laying on the floor	1	3:50	
329	Laying on the floor	1	4:05	
330	mumbling to himself	1	4:12	
331	Laying on the floor	1	4:20	
332	Laying on floor	1	4:40	
333	talking to himself	1	5:30	
334	Keeps saying shut up to know one	1	6:00	
335	up to urinate - then layed back down talking to himself	1	6:45	
336	3m52 on constant watch. Brown APPEARS ASLEEP ON THE FLOOR	1	6:50	
337	BROWN APPEARS ASLEEP	1	7:00	
338	BROWN APPEARS ASLEEP	1	7:10	
339	3m24 on watch, previous entries reviewed, Brown	1		
X	laying on the floor, appears to be asleep	1	8:52	
340	Tray secured	1	8:53	
341	sitting up, asking about his orange form	1	10:06	
X	dinner and asked what time it was	1	10:08	
342	Inquiring as to why he has no mattress	1	10:08	

12 KOWN, WUY 10/1

365	LAYING ON FLOOR - APPEARS ASLEEP	1	11:30
366	LAYING ON FLOOR - APPEARS ASLEEP	1	12:00
367	LUNCH SERVED/ATE ALL	1	12:10
368	3M52 ON RELIEF BROWN LAYING ON FLOOR, APPEARS ASLEEP	1	12:30
369	LAYING ON FLOOR APPEARS ASLEEP	1	1:00
370	LAYING ON FLOOR APPEARS ASLEEP	1	1:30
371	LAYING ON FLOOR APPEARS ASLEEP	1	2:00
572	APPEARS ASLEEP ON FLOOR	1	2:30
373	3M20 on Constant Watch of C. Brown, laying on floor, appears asleep	1	3:00
374	Appears asleep on floor	1	4:00
375	3M14 on watch	1	4:45
376	3M20 on watch	1	4:52
377	Dinner offered	1	5:01
378	Woke up, began eating	1	5:18
379	Finished eating, up to urinal, laid back X down on floor, mumbling to himself	1	5:28
380	Appears asleep	1	5:50
381	Appears asleep	1	6:30
382	Adjusting	1	7:00
383	Appears asleep	1	7:52
384	3M14 on watch / Laying on floor X asleep	1	8:00
385	Fidgeting	1	8:40
386	Laying on floor / Appears asleep	1	9:10
387	Laying on floor / Appears asleep	1	9:40

6/14/2024 - 6/20/2024

388	4. dogging	1	1001
389	Appears Asleep	1	1030
390	3M34 on Constant Watch / Brown lying in Bay on Floor - Appears Asleep	1	1054
391	Adjusted Position	1	1102
392	Appears Asleep June 20, 2024	1	1200
393	Up Urinating	1	1226
394	Back lying Down on Floor in Bay	1	1227
395	Asleep Time	1	140
396	3M31 on relief / watch Brown appears asleep on the floor. Prior entries reviewed	1	144
397	3M13 on watch. Brown laying down on floor.	1	423
398	Brown appears asleep	1	6
399	Brown appears asleep	1	630
400	3M27 on watch - on floor appears asleep	1	7:00
401	Ate all Breakfast	2	7:45
402	To Bedding - Court	0	9:22
403	Returned from Court	1	10:04
404	Laying on floor	1	10:40
405	3M12 ON WATCH W/ BROWN. PREVIOUS REVIEWED. BROWN APPEARS ASLEEP ON FLOOR	1	1055
406	TO SEE NURSE	1	1100
407	SECURED TO L33	1	1115
408	LYING DOWN ON FLOOR	1	1120
409	APPEARS TO BE ASLEEP	1	1145
410	LUNCH	1	1210
411	ATE LUNCH / LYING ON THE FLOOR	1	1231
412	3M31 on relief Brown lying on the floor	1	1234
413	APPEARS TO BE ASLEEP	1	100
414	APPEARS TO BE ASLEEP	1	130
415	APPEARS TO BE ASLEEP	1	200

T-20

416	APPEARS TO BE ASLEEP	1	230
417	3M14 on Constant Supervision of Clayton		
x	Big Brown. Brown has suicide blanket		
x	+ Suicide Blanket per policy. Prisoner duties		
x	removed. Brown laying down on floor	1	300
x	Brown laying down on floor + appears		
x	asleep	1	330
418	Woke up asking when food is		
x	coming down	1	334
419	Urinating, toilet flushed	1	332
420	Asked time, laying on floor under		
x	Suicide blanket	1	333
421	To LCR to talk with doctor	0	342
422	Secured to L33	1	352
423	Nurse / doctor cleared / end of watch		
x	for Clayton Brown	0	356
424	See Lockup book for details	0	357

ADDITIONAL SUPERVISION

Mood and Affect: "not very good"/primarily polite, mildly irritable.

Speech & Language: normal rate, volume and production. Normal articulation. No dysarthria

Thought Process: circumstantial.

Thought Content: Denies SI, HI. Future orientation: would like to get out of jail, interested in starting medication for hallucinations.

Perceptions: + AVH: reports that he hears voices telling that people are out to get him, that they are going to pull a gun on him; reports that he sees "shadows", no delusions voiced

Associations: No loosening of associations

Orientation: A&Ox4

Recent and Remote Memory: recent memory is impaired.

Attention and Concentration: appropriate to interview

Fund of Knowledge/Intellect: average

Judgement and Insight: limited, limited

Assessment & Plan: Clayton was evaluated at the Yates County Jail for evaluation of suicidal ideation

Diagnoses:

Psychosis (F29)

Amphetamine Abuse (F15.10)

Recommendations:

- Patient can be removed from 1:1 ; he denies feeling suicidal and has not plan to harm himself or anyone else.
- Consider continuing 15 minute checks since pt says he does not feel "ready to go back to GP."
- Consider starting Quetiapine 200 mg HS with possible uptitration to 100 mg during the day depending on his response.
- Monitor for worsening psychosis (will likely improve with distance from last methamphetamine use).
- Encourage COVID vaccine, if not vaccinated.
- Upon DC, Clayton would benefit from regular chemical dependency treatment.

Please call me at JOK if there are any additional questions about Clayton's care.

Kevin Brazill

Kevin Brazill, DO

Psychiatrist

Medical Director, John D. Kelly Behavioral Health Center

Phone: (315) 531-2400

Fax: (315) 531-2463

*A diplomate of the American Board of Psychiatry and Neurology and the American Board of Family Medicine
Fellow, American Psychiatric Association*

6/21/22

VO Patsy Ballard Quetiapine 200mg QHS. #30 12 EF

EW-RW-

6/21/22 @ 0950

P. Ballard

Yates County Jail Progress note

Inmate Name: Clayton Brown DOB: _____ Allergies: Ø

Date	Problem	Findings	Treatment
8/19/22 @ 1000	SI Reports tooth pain x 2-3 wk. Has had a filling while in prison 3 yrs ago - No change in response to heat/cold -		
	Ø #19 tooth, filling present & sign of infection		
	Ø Dental pain		
	Ø Ibuprofen as ordered, dental referral -		
9/16/22	S: describes 6 months of hearing voices of unknown persons talking to him & commands but a generally negative commands. Past w/o [schizophrenia diagnosis] & followed @ CSH. Denies suicidal ideation. Reports sx began when he started using meth. Has not discussed w/ CSH provider or Aaron Schaefer.		
10:15 AM	O: Relaxed calm able to answer questions appropriately.		
	A + P hearing voices: ? Mental health vs. drug-induced psychosis. Will have eval by psych.		
9/16/22	Adopt RUMVILK 9/22/22 @ 1 PM - EWA 2H 1000		
10/6/22	Adopt oral surg in Rochester 10/19/22 @ 9 AM		
10/9/22	Sat Aaron indicated ill refused to go for his oral surg appt this Am. Stated he didn't want to miss a toilet for today. Sat Aaron LMC Oral Surg rc! Cancellation		
11/14/22	CD constipation states he usually goes weekly while on SUBOXONE. Last BM 2 days ago. Used COLACE in past. → no results. Not uncomfortable in abdomen. MD to evaluate request		
950	VO Dr. Duett mom 30ml x1 now		
12/2/22	S: Last night #19 started hurting again Today he stuck a lamp into painful area & saw pus, drainage + blood. Previously he seen for this tooth by dentistry + unable to extract under local. Has decided he wants to preserve tooth + wants to wait until he is transferred to prison (2/23?)		
	O: #19 is bleeding on posterior lingual side but		

Date: 9/7/2022

Name: Brown, Clayton

Incarcerated individual came in for regular visit. He shared that he has started hearing things that aren't there; this had occurred before when he had been using drugs heavily but has been sober now for some time. He stated that it sounds like someone crying, and he will have conversations with someone even though he suspects that it is not real. He stated that he could turn the TV all the way up and can still hear them talking. The incarcerated individual shared that the voices are "mostly talking shit about me" and that the voices are all different. He did also state that he feels paranoid about others in his cell block talking about him and isn't sure if that is real or just the same issue. Writer recommends increasing Seroquel; the incarcerated individual did not state any commands, SI, or HI from these voices but will continue to monitor.

Aaron Schock

9/9/22

- lives by himself. NO one else in cell block.

will discuss w/ psychiatrist.

On SUBOXONE 8/2mg 2 tabs QD
 BUPROPION XL 300mg QD
 GULAPINE 100mg ~~QID~~ Q4pm
 GULAPINE 200mg QM

Su

9/14/22 - 1020 AM

Spoke w/ Dr. Tabor

200mg GULAPINE BID
 VO RDSY Ballard NP #60 1225

Su -

will refer to psychiatrist
 re need for increased anti-
 psychotics - needs.

211 Deedee

9/15/22 0930
 Ballard JF

9/19/22

Date: 9/21/2022

Name: Brown, Clayton

Incarcerated individual came in for a regular visit. He stated that he is still hearing voices but he is starting to notice a pattern. He stated that he will have a thought and then hear that thought as a voice which has helped him recognize when it is happening. The incarcerated individual shared that he feels way worse in the mornings before he has taken his medication; after he has taken his medication, he begins to feel better and hears less of the voices. Writer recommends review by psychiatrist to determine if increase or change in medication will help with voices.

Aaron Schock

9/22/22 currently taking Quetiapine 200mg
@ 4pm: 10pm. Can change 4pm dose to 8AM.

SW-PW-

END

9/23/22

ROCHESTER REGIONAL HEALTH

Brown, Clayton
MRN: 6424814, DOB: 4/7/1991, Sex: M
Adm: 4/10/2022, D/C: 4/14/2022

04/10/2022 - ED to Hosp Admission (Discharged) in CSH Inpatient Mental Health W2 (continued)

ED Provider Note (continued)

- PR COLLECTION VENOUS BLOOD, VENIPUNCTURE
1.0000000

No family history on file.

Social History

Tobacco Use

- Smoking status: Current Every Day Smoker
- Packs/day: 0.25
- Smokeless tobacco: Never Used

Vaping Use

- Vaping Use: Never assessed

Substance Use Topics

- Alcohol use: Yes
Comment: reports 1 use within last week
- Drug use: Yes
Types: Methamphetamines, Cocaine, Marijuana
Comment: reports 1 time use within last week

Sexual Activity

Substance and Sexual Activity

Sexual Activity: Not Currently

Review of Systems

Physical Exam

Vitals:

	04/10/22 2236	04/11/22 0303	04/11/22 0733
BP:	120/69	114/64	108/66
Pulse:	81	80	69
Resp:	18	16	18
Temp:	36.1 °C (97 °F)	36.6 °C (97.9 °F)	36.9 °C (98.4 °F)
TempSrc:	Temporal	Temporal	Oral
SpO2:	100%	100%	100%

Physical Exam

ED Procedures

Procedures

ED Course

General review: Laboratory data were reviewed and interpreted and the information was used to make clinical decisions.

Independent review: EKG

ED course details: 8:03 AM Sign out received from Dr. Kerley. Patient is a 31 year old male who I previously took care of last week after he left inpatient chemical dependency for care of an axillary abscess. He now presents hearing voices, labile mood, and SI. He admitted to still using drugs (heroin, amphetamines, cocaine, and huffing inhalants).

Printed on 3/9/23 11:39 AM

ROCHESTER REGIONAL HEALTH

Brown, Clayton
MRN: 6424814, DOB: 4/7/1991, Sex: M
Adm: 4/10/2022, D/C: 4/14/2022

04/10/2022 ED to Hosp Admission (Discharged) in CSH Inpatient Mental Health W2 (continued)

ED Provider Note (continued)

CPEP has evaluated the patient, and believe he would require hospitalization, he is awaiting an accepting facility.

History

This is a 31-year-old with history of polysubstance abuse and dependence, depression and anxiety and cocaine induced MI who now presents for psychiatric evaluation. He has multiple complaints. States he was robbed earlier today and he does not know what to do. [He is hearing voices and paranoid and thinks everyone is talking about him. If people say the wrong things he gets angry and lashes out at them. He states drugs are the only thing that makes him feel better and that his life is hell and "what is the point" he uses multiple substances including heroin, methamphetamines and crack but his last use of these were 2 days ago however he was huffing duster earlier today. He cut himself on his left arm but he not sure exactly when within the past few days. He was in rehab last week but signed himself out. He does not necessarily want to hurt himself but states he cannot go on living like this and is requesting to talk to psychiatry.

11:15 AM There is a bed now at CSH, will hospitalize here. Paperwork has been filled out.

Admission: The admitting physician was notified, case discussed, and futher patient care was handed off. I had a detailed discussion with the patient and/or guardian regarding the historical points, exam findings, and any diagnostic results supporting the admission diagnosis.

ED Attestation

Attestation

Vazzano, Alexander Paul, MD
04/11/22 1117

Electronically signed by Vazzano, Alexander Paul, MD at 4/11/2022 11:17 AM

H&P Notes

H&P by Mead, James C, MD at 4/12/2022 0601

Author: Mead, James C, MD
Filed: 4/12/2022 4:53 PM
Editor: Mead, James C, MD (Physician)

Service: Psychiatry
Date of Service: 4/12/2022 6:01 AM

Author Type: Physician
Status: Signed

Date: 4/11/2022
Name: Clayton Brown, 31 y.o.

ROCHESTER REGIONAL HEALTH

Brown, Clayton
MRN: 6424814, DOB: 4/7/1991, Sex: M
Adm: 4/10/2022, D/C: 4/14/2022

04/10/2022 - ED to Hosp-Admission (Discharged) in CSH Inpatient Mental Health W2 (continued)

Discharge Summary Note (continued)

Discharge Diagnoses: Anxiety and depression

Admission Condition: stable

Discharged Condition: good

Indication for Admission: Paranoia

Hospital Course: Patient presented to CSH&C ED voluntarily by police for psychiatric evaluation. He reported he had already been struggling with his mental health and then was robbed at gunpoint which he stated pushed him to his breaking point. Patient presented with depressed, anxious, angry and sad mood and labile and tearful affect. Patient presented with variable attention and memory and stated that "everything is a blur and flows together". Patient reported he had not been sleeping, eating or caring for himself over the past week due to both his substance use and mental health symptoms. He reported over the past week he has used Meth, Crack Cocaine, Marijuana and Heroin and acknowledged inhaling duster today. He endorsed suicidal, self harming and homicidal thoughts, but denied any current plan or intent. On the unit patient presented with auditory hallucinations that appeared to be exacerbated by his substance use. He was willing to engage in treatment and be re-started on medication. He was started on Wellbutrin 300 mg daily, Seroquel 200 mg at bedtime, Hydroxyzine 25 mg TID PRN for anxiety, and Melatonin 6 mg PRN for sleep. He was also continued on Suboxone. Patient is now presenting as fully alert with a clear, linear thought process. He is able to engage in a productive conversation. He denies auditory hallucinations at this time. He also denies S/I and H/I. Patient is able to contract for safety. He does become agitated about his discharge plan but is able to maintain behavioral control despite this upset. He is advocating for discharge and is showing himself to be an adequate self advocate. Patient is not presenting with any psychotic or depressive symptoms. He is not presenting as a risk of harm to himself or anyone else. He is being discharged to his mothers friends house. He will be re-linked with his outpatient providers on W1.

Consults: none

Significant Diagnostic Studies: none

Treatments: N/A

Disposition: Moms friend

Patient Instructions:

Current Discharge Medication List

CONTINUE these medications which have CHANGED

	Details
buprenorphine-naloxone 8-2 mg SL Film SL film	Place 1 Film under the tongue 3 (three) times a day. Max Daily Amount: 3 Film. Indications: dependence on opioid-type drugs <i>Associated Diagnoses:</i> Uncomplicated opioid dependence (CMS HCC Code)
buPROPion 300 MG Oral 24 hr EXT REL tab	Take 1 tablet by mouth daily for 30 days. Indications: anxiousness associated with depression <i>Qty:</i> 30 tablet, <i>Refills:</i> 0 <i>Associated Diagnoses:</i> Anxiety and depression
hydroXYzine 25 MG Oral tablet	Take 1 tablet by mouth 3 (three) times daily as needed for Anxiety. <i>Qty:</i> 75 tablet, <i>Refills:</i> 0

ROCHESTER REGIONAL HEALTH

Brown, Clayton
MRN: 6424814, DOB: 4/7/1991, Sex: M
Adm: 4/10/2022, D/C: 4/14/2022

04/10/2022 ED to Hosp Admission (Discharged) in CSH Inpatient Mental Health W2 (continued)

H&P Notes (continued)

MRN: 6424814
DOB: 4/7/1991
Admit Date: 4/10/2022

Clayton Brown was seen and evaluated. Chart reviewed. He is a 31 y.o. male who presented to CSH&C ED voluntarily by police for psychiatric evaluation. He reported he had already been struggling with his mental health and then was robbed at gunpoint. Patient reported this pushed him to his breaking point and was subsequently admitted to Clifton Springs inpatient mental health for treatment, safety and stabilization. Patient has a history of anxiety, depression, mood disorder and polysubstance abuse with no prior psychiatric hospitalizations.

Per CPEP Evaluation:

Patient is a 31-year-old Caucasian male who was brought voluntarily by police to CSH ED for psychiatric evaluation. Patient has history of anxiety, depression, mood disorder and polysubstance abuse. Patient reports he had already been struggling but states he was robbed earlier in the day by someone with a gun who took his money and some Marijuana. He reports he called the police for assistance as this incident triggered him, and states he knew he needed to get help for his emotions and safety. He acknowledges knowing he needed to talk with someone before things got worse. Patient reports experiencing increased mental health symptoms over the past few months. He reports recent substance use which he acknowledges has also affected his mood. Patient presents with depressed, anxious, angry and sad mood and labile and tearful affect. Patient presents with variable attention and memory and states that "everything is a blur and flows together". Patient reports he has not been sleeping, eating or caring for himself over the past week due to both his substance use and mental health symptoms. He reports over the past week he has used Meth, Crack Cocaine, Marijuana and Heroin and acknowledges inhaling duster today. He denies any withdrawal symptoms at this time, other than his increased mental health symptoms he is reporting. He states drugs are "the only thing that make him feel better" and reports his "life is hell" and "what is the point". He reports that "life is too hard" and states he "can't go on living like this". He endorses suicidal, self harming and homicidal thoughts, but denies any current plan or intent. He reports recent self harm and history of suicide attempts and states he doesn't want to be dead, but can't live like this anymore. Patient reports he cut his forearm this week and has done this previously and had thoughts of doing it again. He reports that he doesn't do this to kill himself, but instead to "stop the pain". He reports he doesn't want to die, but "doesn't know what to do". He reports past suicide attempts including attempted hanging while incarcerated as well as overdoses with substances. He reports his most recent overdose was last month where he says he took four bags of Heroin, and states he was taken by ambulance to Strong. He reports no specific individual he is wanting to hurt, but states that if someone angers him he will become violent. Patient reports he has not been violent with others, but feels that this "can change at any minute". He reports when seen at Strong last month he was restrained and medicated because he was going to harm someone. Patient reports he is impulsive and is worried his thoughts and mood will get worse and states he does not trust himself to remain safe. Patient reports paranoid and persecutory delusions, and also acknowledges auditory and visual hallucinations reinforcing these thoughts. He reports that many of these symptoms are now new and have been "off and on", but states they have worsened over the past few months. He states that with his delusions he feels that others are constantly talking about him, watching him and out to get him and often his family. He reports his hallucinations are related to his delusions and states he will see shadows and hear multiple voices telling him these things "are really happening". Patient does not appear to be responding to internal stimuli at this time. Patient reports no history of inpatient psychiatric admission or recent connection to outpatient mental health treatment. He reports he was recently in inpatient substance abuse treatment, but left because that setting triggered his symptoms. He reports he is connected with outpatient substance abuse treatment and is taking Suboxone at this time. He declines interest in inpatient rehab or detox at this time. He reports he has been in and out of treatment before, but states he needs to be somewhere that "isn't jail or prison" that he is "forced to stay and get help". He reports he knows he needs treatment and isn't safe and acknowledges he "can't do this anymore". He reports he has made up his mind that "no one is messing with him again" and states with his current worsening symptoms and impulsivity Patient is not future oriented and is unable to identify any protective factors or coping skills. Patient is unable to engage in safety planning. Patient is currently not linked to outpatient mental health services but is linked with outpatient substance use treatment.

OE.F.H (C/LIVE.MIS/341/SSMH) - NESBIT,ERICA

Dept: ED 0616-0005 - General

Geneva General Hospital
196 North Street
Geneva, New York 14456
(315) 787-4000

Soldiers and Sailors Memorial Hospital
418 North Main Street
Penn Yan, New York 14527
(315) 531-2000

PATIENT: BROWN,CLAYTON L
MR: M000395497
Attending: SADEGHI,ROKHSANNA MD

Account: V00236090858
Date of Service: 06/16/22

Emergency Department Physician Report****See Addendum******History of Present Illness****General****Chief Complaint** Hallucinations**Stated Complaint** HALLUCINATIONS**Time Seen by MD** 0513**Source** patient, police, EMS**Exam Limitations** clinical condition**Initial Comments**

31-year-old male with a reported (history of schizophrenia and polysubstance abuse) is brought to the ER by EMS with law enforcement under a 2209. Reportedly the patient had called 911 himself earlier this morning to report that he was at a residence where he was "tripping on meth." He reported to law enforcement that he had witnessed a woman trying to eat her baby and injecting the baby with drugs. Patient reports to me that he saw skin changes on the baby where he was concerned over skin popping and then saw the mother of the baby with lipstick and he felt like she was covering up the lesion to hide it. When law enforcement was at the residence where the patient was staying, they reported he was "all over the place." They did find LSD and meth on him but no other drugs in the

EXHIBIT C

OE.FLH (C/LIVE.MIS/341/SSMH) - NESBIT,ERICA

Dept: ED 0616-0005 - General

Reported he was "all over the place." They did find LSD and meth on him but no other drugs in the home. Reportedly the woman in the home had asked him to leave 30 minutes prior to arrival of the police because of the erratic and hallucinatory behavior patient. The patient himself does admit to using meth but does not use any other drugs last night. There is no report of chest irate child but law enforcement indicated the patient did not appear able to care for himself and so was brought to the ER for evaluation. Patient reports he has used meth and LSD and cocaine.

Timing/Duration constant**Severity** severe**Allergies****Coded Allergies:**

No Known Drug Allergy (06/16/22)

Past Medical History**Medical History** Polysubstance abuse**Psychosocial History** schizophrenia**Significant Family History** Unable to obtain from patient**Drugs** heroin**Review of Systems****Constitutional**

denies: no symptoms reported.

Respiratory

denies: no symptoms reported.

Cardiovascular

denies: chest pain, palpitations.

Gastrointestinal

denies: abdominal pain, nausea, vomiting.

Psychiatric/Neurological

reports: anxiety. denies: headache.

All Other Systems Reviewed and Negative

EXHIBIT D